

Transition Survey

Student _____

Date _____

This survey addresses those areas identified by federal law for transition planning. Please complete the following checklist for your child/ student by checking the boxes as indicated. Please add any comments or concerns that you feel will assist the team in making decisions for the Individualized Education Plan and transition program.

Area 1: Post Secondary Education

- My son/ daughter intends to go on to post secondary education or training as indicated:
 - ☐ 4 Year College ☐ 2 Year or Community College
 - ☐ Vocational/ Technical School ☐ Other _____
 - ☐ My son/ daughter does not intend to go on to post secondary education
- I would like the IEP team to support my child in the following ways:
 - ☐ Assistance in making appointments with school counselor for post secondary school information
 - ☐ Assistance in accessing the Career Center for school search activities
 - ☐ Assistance in applying for scholarships
 - ☐ Assistance in making application for financial aid
 - ☐ Assistance in arranging necessary placement and college entry tests
 - ☐ Assistance in arranging modifications for the ACT or SAT
 - ☐ Other _____
 - ☐ I do not wish to have the IEP team address the post secondary education at this time

Comments: _____

Area 2: Vocational Training

- My son/ daughter has successfully completed course work in the following Vocational areas:
 - ☐ Wood shop ☐ Metal shop ☐ Welding ☐ Foods
 - ☐ Auto ☐ Graphic Arts ☐ Photography ☐ Computers
 - ☐ Health Studies ☐ Business Machines ☐ Other _____
- My son/ daughter requires the following assistance in vocational skill training:
 - ☐ Identifying appropriate classes for areas of interest
 - ☐ Vocational assessment information to identify areas of interest
 - ☐ Classroom support or accommodation for academic demands of vocational classes
 - ☐ Referral to an adult agency for post secondary vocational training options
 - ☐ Other _____
 - ☐ My son/ daughter does not require IEP team assistance in vocational skill training at this time

Comments: _____

Area 3: Integrated Employment

- My son/daughter has had the following work experiences:
 - ☐ Volunteer employment ☐ Paid employment
 - ☐ No previous employment
- My son/daughter requires IEP team assistance in the following areas:
 - ☐ Career exploration
 - ☐ Identification of personal interests, values, and skills
 - ☐ Career planning
 - ☐ Understanding the labor market
 - ☐ Conducting a job search
 - ☐ Completing applications for employment
 - ☐ Job interviewing skills
 - ☐ Resumé preparation
 - ☐ Developing pre-employment behaviors: following directions, staying on task, completing a task, locating materials, dress and grooming issues, etc.
 - ☐ Developing employment behaviors: attendance, punctuality, use of equipment, independent work habits, completing assigned tasks accurately, increasing productivity, etc.
 - ☐ Developing social skills needed for employment: interactions with co-workers and supervisors, acceptance of corrections, dealing with work related stress, problem solving, mediation of conflicts, maintaining a positive attitude for work, etc.
 - ☐ On the job training with a job coach
 - ☐ Supported on the job training
 - ☐ Other _____
 - ☐ My son/daughter does not require assistance from the IEP Team in developing employment skills at this time

Comments: _____

Area 4: Continuing and Adult Education

- My son/daughter requires assistance from the IEP Team in the following:
 - ☐ Identifying possible continuing education options
 - ☐ Information about Adult Education programs
 - ☐ Information about the GED Preparation program
 - ☐ Referral to an Adult agency for continuing education
 - ☐ Other _____
 - ☐ My son/daughter does not require assistance in Continuing and Adult Education services at this time.

Comments: _____

Area 5: Adult Services

- My son/daughter is currently connected to the following community agencies:
 - ☐ Dept. of Family Services
 - ☐ Social Security Administration
 - ☐ Development Disabilities Program
 - ☐ Employment Resources
 - ☐ WestMont Habilitation Services, Inc.
 - ☐ AWARE
 - ☐ Golden Triangle
 - ☐ Other _____
 - ☐ Vocational Rehabilitation Program
 - ☐ Easter Seals
 - ☐ United States Military
 - ☐ Independent Living
 - ☐ MT Independent Living Project
 - ☐ Family Outreach
 - ☐ Casey Family Program
 - ☐ PLUK
 - ☐ MT Advocacy Program
- My son/daughter requires IEP Team assistance in the following:
 - ☐ Identifying appropriate agencies for support services
 - ☐ Referral to an adult provider (Please identify them by starring * in the last above)
 - ☐ Assistance in completing an application for services
 - ☐ Other _____
 - ☐ My son/daughter does not require IEP Team assistance in the Adult Services area at this time

Comments: _____

Area 6: Independent Living Skills

- My son/daughter has age appropriate skills in the following areas:
 - ☐ budgeting
 - ☐ cooking
 - ☐ communication skills
 - ☐ community safety
 - ☐ caring for personal health
 - ☐ accessing legal assistance
 - ☐ money skills
 - ☐ use of credit
 - ☐ personal relationships
 - ☐ friendship making skills
 - ☐ Other _____
 - ☐ maintenance of a household
 - ☐ self help (grooming, dress, hygiene)
 - ☐ recreation and leisure skills
 - ☐ menu planning
 - ☐ accessing medical assistance
 - ☐ shopping
 - ☐ use of banking services
 - ☐ accessing transportation services
 - ☐ caring for others (babysitting, parents)
 - ☐ accessing community services
- My son/daughter needs IEP Team assistance in the following areas:
 - ☐ Money management (banking, credit, budgeting)
 - ☐ Personal care (dress, grooming, hygiene)
 - ☐ Household management (paying bills, rent, household maintenance, cleaning, etc.)
 - ☐ Community safety (stranger danger, crossing streets, community mobility)
 - ☐ Personal relationships (friendship making skills, sex education, appropriate touch)
 - ☐ Caring for others (parenting skills, family relationships, dating, marriage)
 - ☐ Communication skills
 - ☐ Recreation and leisure skills
 - ☐ Self advocacy (accessing assistance in legal, medical, and financial areas)
 - ☐ Other _____
 - ☐ Social skills
 - ☐ Shopping skills

☐ My son/daughter does not need IEP Team assistance in the Independent Living area at this time

Comments: _____

Area 7: Community Participation

- My son/daughter accesses the following community organizations
 - ☐ Church or Religious organization of choice
 - ☐ Private athletic club
 - ☐ Boys and girls club
 - ☐ Community swimming pools
 - ☐ School athletics/civic clubs/extracurricular activities
 - ☐ Other _____
- My son/daughter uses the following transportation
 - ☐ Drives self ☐ Dial-A-Ride
 - ☐ Cab service ☐ Family/friends
 - ☐ Bike ☐ Walks
 - ☐ District bus
 - ☐ My son/daughter needs IEP Team assistance in the following areas:
 - ☐ Identifying community organizations and activities
 - ☐ Participating in school activities
 - ☐ Using community skills
 - ☐ Developing recreation/leisure skills
 - ☐ Accessing Dial-A-Ride
 - ☐ Referral to Community Service provider
 - ☐ Financial assistance/scholarships for community centers
 - ☐ Other _____
 - ☐ My son/daughter does not need IEP Team assistance in the area of Community Access services

Comments: _____

Please help us to understand your current priorities by indicating your preferences for the upcoming IEP meeting planning. Rate each area below from 7-6. A "1" indicates the area of greatest need. A "6" indicates an area of little or no concern at present.

_____ Post secondary education
_____ Vocational training
_____ Continuing/Adult Education
_____ Adult Services
_____ Independent Living Skills
_____ Community Participation

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Thank you for completing this survey. This information will be tremendously important as we continue to meet and plan for your child's high school and post secondary needs. Please return to Marvin Williams, May Butler Building, 55 South Rodney Street, Helena, MT 59601 as soon as possible.